2016 Premium Rate Sheet for Union Employees

571 Communications - Health Department (HDEA) - Teamsters Nurses (CNA-LPN-RN) - Register Deeds General Assistance - Clerk - Correction Clerical(EULA) - Assessor - IBEW Supervisors - HC Security - AFSCME 251 \$300 Deductible Plan

		2016 Total	Amount Paid By	Employee Monthly Premium		Employee Bi- Monthly Deduction			nthly Rate
Plan	Class of Coverage	Premium	County					w/ Vision	
UHC	Employee Only	\$759.63	\$ 706.46	\$	53.17	\$	26.59		
	Employee & One Dependent	\$1,393.46	\$1,184.44	\$	209.02	\$	104.51		
	Employee & Two or More Dependents	\$1,878.20	\$1,596.47	\$	281.73	\$	140.87		
Delta	Employee Only	\$25.30	\$ 21.51	\$	3.79	\$	1.90		
Dental	Employee & One Dependent	\$65.42	\$ 52.34	\$	13.08	\$	6.54		
	Employee & Two or More Dependents	\$65.42	\$ 52.34	\$	13.08	\$	6.54		
Total Med	L dical and Dental Premiums								
	Employee Only			\$	56.96	\$	28.48	\$	62.27
	Employee & One Dependent			\$	222.10	\$	111.05	\$	230.69
	Employee & Two or More Dependents			\$	294.81	\$	147.41	\$	308.04

C3 01/01/2016